

PUBLIC PROGRAMS IN THE ARTS AWARD CERTIFICATION FORM

Applicants should read the guideline instructions before completing this form.
Form can be handwritten or typed in 12-point font. Fill in all fields.

Applicant/Organization (IRS name) _____

Contact Name and Title _____

Street Address _____ PO Box _____

City _____ State _____ Zip _____ County _____

Phone-Day- _____ Fax _____

E-mail _____ Web-site _____

This is a new ☐ address or ☐ phone number.

☐ Applicant is acting as a Fiscal Agent
(see page 6)

Period of support: Start Date _____ End Date _____

◆ U.S. Congressional District 1 ☐ OR District 2 ☐ ◆ Legislative District _____

Number of years doing business in Idaho _____ Federal Tax ID# _____
(required)

In a one-page, narrative, describe how you will use these funds and their match. Attach to certification page and budget form.

If you have received a grant, did you submit the required final report? ☐ yes ☐ no

Authorizing Signatures - I certify that the information contained in this application, including attachments and support materials, is true and correct to the best of my knowledge. I have read and agree to comply with the *Legal Requirements* of accepting this grant.

Authorized Staff/Project Coordinator Date

Financial Officer Date

Authorizing Official (person able to legally obligate the applicant) Date

PPA BUDGET FORM 5-A

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Organization: _____

Your fiscal year begins _____ and ends _____

Expenses for the past fiscal year should be actual costs, supported by financial statements. When income and expenses vary more than 25% in specific line items from one year to the next, include one additional page referencing the categories and explaining the increase or decrease.

INCOME

Past Fiscal Year (actual)	Past Fiscal Year (actual)	Last Fiscal Year (actual)	Current Fiscal Year (budget)
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EARNED

Admissions

\$	\$
\$	\$
\$	\$

Contracted Services

Other

CONTRIBUTED

Corporate Support

Individual Support

Foundation Support

Government Support – Federal

Government Support – State (incl. ICA)

Government Support – Local

Cash

\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$

TOTAL CASH INCOME

\$	\$	\$	\$
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TOTAL IN-KIND CONTRIBUTIONS

\$

EXPENSES

Past Fiscal Year (actual)	Past Fiscal Year (actual)	Last Fiscal Year (actual)	Current Fiscal Year (actual)
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Personnel (include salary and benefits)

Outside Fees and Services

Production

Space/Facilities

Travel

Marketing/Promotion

Other Expenses

\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$

SUBTOTAL OPERATING EXPENSES

\$	\$	\$	\$
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Capital Expenses

\$	\$
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TOTAL EXPENSES

\$	\$	\$	\$
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PPA IN-KIND CONTRIBUTIONS – Itemize here

Organization _____

In-Kind contributions are goods and services, donated by individuals and organizations other than the applicant, that can be given a cash value. They directly benefit the proposed activity, demonstrate community support, and must correspond with project expenses. They do not include staff salary and benefits that are part of day-to-day operations.

Calculate donated goods and services at fair market value.

DONATED ITEMS or SERVICES	CONTRIBUTOR	CASH VALUE
Total Outside Fees and Services		
Artistic (guest artists, other)	_____	\$ _____
Volunteers (technical, admin, other)	_____	\$ _____
Other _____	_____	\$ _____
 Space/Facilities Rental	_____	\$ _____
Travel	_____	\$ _____
Marketing/Promotion	_____	\$ _____
Capital Donations* (itemize)	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
 Operating Expenses* (itemize)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
 TOTAL IN-KIND CONTRIBUTIONS:	\$ _____	

For definitions see glossary in the Idaho Commission on the Arts Guidelines or visit our website @www.arts.idaho.gov